

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 9, 1990

ALL-COUNTY LETTER 90-02

To: All Public and Private Adoption Agencies  
All SDSS Adoption District Offices

SUBJECT: INDEPENDENT ADOPTION PREPLACEMENT PROGRAM

Reference: AB 2322 (Chapter 1142, Statutes of 1989)

Assembly Bill 2322, the Independent Adoption Preplacement Program Act, was signed by the Governor on September 29, 1989. The Act is effective January 1, 1990.

The Act provides an optional alternative procedure in the Independent Adoption Program that includes preplacement assessments of adoptive families, preplacement advising of birth parents, and early interviewing of advised birth parents by the agency investigating the independent adoption. Specifically, Civil Code Section 226.51(a), in pertinent part, states that in this alternative procedure the Department or county adoption agency investigating the independent adoption shall:

"interview at the department or agency office any person willing to be interviewed from whom consent is required within 10 working days of receiving a copy of the filed adoption petition and documentation that all of the following conditions have been met:

- (A) The person from whom consent is required has been advised pursuant to [Section 226.51(b)].
- (B) There is no serious question about the suitability of the prospective adoptive family as provided in [Section 226.51(c)].
- (C) The department or the agency has received the name, address, and phone number of the person to be interviewed and the complete report of the assessment of the prospective adoptive family."

In most circumstances, the assessments and advising services will be arranged by the petitioners or their attorney and provided by cooperating licensed private adoption agencies. The specified services can be provided only by licensed adoption agencies. No adoption agency is required to provide these services. However, if an agency elects to provide either service, the Act requires that it offer both services to anyone desiring to participate in the Preplacement Program.

This letter provides basic information about implementation of the Act to agencies that elect to provide preplacement assessments and advising services.

#### Advice to Birth Parents

Civil Code Section 226.51(b), in pertinent part, states:

"The advice shall include a balanced presentation of the alternatives to adoption, the right to obtain additional counseling, the right to retain separate legal counsel, the meaning of the consent to adoption, the right to future information about the status of the adoption, the need of the child and the adopting parents for complete information on the background of the child, the content of the assessment of the prospective adoptive family, and other information determined necessary by the department. The person giving the advice shall also collect information on the background of the child from the person being advised.

Each person advised pursuant to this subdivision shall be offered at least three separate counseling sessions, to be held on different days, except that this requirement does not apply to birth fathers from whom consent is not required. Each counseling session shall be no less than 50 minutes duration. The counseling may be provided by a representative of the department or a licensed adoption agency or by persons licensed to provide psychotherapy or counseling selected by the person. The counseling costs shall be paid by the prospective adoptive parents at the request of the birth parent. If counseling is requested prior to the placement of the child for adoption, it shall be initiated prior to the placement."

To implement the Act, the Department has filed emergency regulations clarifying that:

- 1) the advice is to be given in a meeting with the birth parent;
- 2) a birth mother is not to be advised while she is hospitalized during and following the birth;

- 3) the appropriate Independent Adoption Statement of Understanding is to be reviewed with the parent; and
- 4) advice regarding alternatives to adoption shall cover available services which could help the parent to keep the child and temporary foster care to afford the birth parent more time to make a decision regarding the child's future.

The agency is to collect background information about the birth parent and the child and about the identity of the child's birth father. The subsequent investigation of the adoption will be facilitated if the adoption agency advising the parent uses the "Information About Birth Mother" (TEMP AD67) and "Information About Birth Father" (TEMP AD 67A) forms when collecting background information and the "Declaration of Mother" form (AD 880) when inquiring about the identity of the birth father. Copies of these forms are attached.

When advising birth parents, the agency needs to be aware of the fact that Civil Code Section 224q requires that a parent placing a child for an independent adoption has personal knowledge of at least the following about the adoptive parents: "...their full legal name; age; religion; race or ethnicity; employment; whether other persons, whether children and adults, reside in their home; any health conditions curtailing their normal daily activities or reducing their normal life expectancy; and their general area of residence, or upon request, their address."

The advising and the counseling, if requested, of the birth parent are to be documented on the "Confirmation of Advice" form (AD 913). At the request of the advised birth parent, the adoption agency is to send this form, a copy of the completed background information form, the original statement on the identity of the birth father, and a copy of the information given to the birth parent about the adopting parents to the Department's district office or county adoption agency investigating the independent adoption. A copy of the AD 913 form is attached.

#### **Assessment of potential adopting parents**

Civil Code Section 226.51(c), in pertinent part, states:

"The assessment shall be completed or updated within 12 months before the placement of the child for adoption. The assessment shall include consideration of those factors required by the department in a study to determine whether the prospective adoptive family and its home is (sic) suitable for a child [in an independent adoption], except those factors regarding the adjustment of the child in the home. In addition to describing fully information collected in the assessment and the conclusions of the assessment, the

report of the assessment shall specify the characteristics of a child which the family would adopt including, but not limited to, age, sex, ethnicity, race, and special needs. The prospective adoptive parents and any person being advised pursuant to subdivision (b) shall be provided with a written summary of the report of the assessment."

The content of the Independent Adoption assessment is described in adoption program regulations, CAC, Title 22, Sections 35083, 35085, 35087 and 35089. The legislation specifically states that the assessment shall include criminal record checks. A copy of the complete report of the assessment of the adoptive family is to be filed with the Department's district office or county adoption agency investigating the adoption if and when the family files a petition to adopt a child.

Adoption agencies must be aware of the fact that the Act requires a report of incomplete or negative assessments to be forwarded to the Department, as follows:

"If the assessment results in a determination that there is a serious question as to the suitability of the prospective adoptive family, or if the assessment is discontinued prior to completion because of such a question, the department or the adoption agency shall provide a report of the complete or incomplete assessment to the department."

Any such reports should be sent to the SDSS Adoptions Branch at:

SDSS-Adoptions Branch  
Services Bureau  
744 P Street, M.S. 19-31  
Sacramento, California 95814

### Conflict of Interest

Private adoption agencies providing these services also must be aware of the Act's amendment to Health and Safety Code Section 1522.4(c) regarding conflict of interest. The relevant part of this Section states:

"[An agency providing Independent Adoption Preplacement Program services] shall not have received financial contributions in excess of five hundred dollars (\$500) or volunteer or paid services from the adoption petitioners, the attorneys advising the petitioners in connection with the adoption, members of the immediate families of the petitioners or the attorneys advising them in connection with the adoption, or members or employees of any such attorney's firm during a one-year period immediately prior to the beginning of the advice or assessment services and shall not accept financial contributions in excess of five hundred

dollars (\$500) or volunteer or paid services from any of those persons for at least one year after the advice or assessment service is completed. This does not include fees for services charged by the agency."

Questions regarding implementation of the Independent Adoption Preplacement Program should be addressed to Mr. Joseph Magruder, Adoptions Policy Consultant, at (916) 323 0524.



LOREN D. SUTER  
Deputy Director

Attachments

cc: CWDA

# CONFIRMATION OF ADVICE

## Statement of Adoption Agency:

On \_\_\_\_\_ I met with \_\_\_\_\_ and gave him/her the advice required by California Civil Code Section 226.51. He/She was not a hospital patient at the time advice was given. Included in this advice was an explanation of each of the items on the following Statement of Understanding:

- ☐ Parent who gave physical custody of the child to the adoptive parents (AD 887).
- ☐ Parent who did not give physical custody of the child to the adoptive parents (AD 887A).
- ☐ Alleged Natural Father (AD 887B).
- ☐ Parent who gave physical custody of the Indian child to the adoptive parents (AD 900).
- ☐ Parent who did not give physical custody of the Indian child to the adoptive parents (AD 900A).
- ☐ Alleged Natural Father of Indian child (AD 900B).

☐ \_\_\_\_\_ requested counseling as provided by civil Code Section 226.51 on \_\_\_\_\_.

☐ \_\_\_\_\_ was offered, but did not accept counseling.

SIGNATURE OF PERSON PROVIDING ADVICE

I HAVE BEEN ADVISED AS REPORTED ABOVE.

PRINTED NAME

SIGNATURE OF PERSON ADVISED

AGENCY NAME

PRINTED NAME

ADDRESS

ADDRESS

TELEPHONE

TELEPHONE

## Statement of Counselor:

I have counseled \_\_\_\_\_ regarding his/her decision to place his/her child for adoption.

The first session was held on \_\_\_\_\_.

SIGNATURE OF PERSON PROVIDING COUNSELING

I HAVE BEEN COUNSELED AS REPORTED ABOVE.

PRINTED NAME

SIGNATURE OF PERSON COUNSELED

AGENCY NAME OR LICENSE TYPE AND NUMBER

PRINTED NAME

ADDRESS

ADDRESS

TELEPHONE

TELEPHONE

## Supporting Information:

### The Child:

Name (If born): \_\_\_\_\_

Date (or expected date) of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of placement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Attachments:

- ☐ background information on birth mother.
- ☐ background information on birth father
- ☐ statement on identity of birth father.
- ☐ copy of summary of assessment of potential adoptive family given to person advised.

# INFORMATION ABOUT THE BIRTH FATHER

CHILD'S NAME:	CASE NUMBER:
CASE WORKER'S NAME:	AGENCY'S NAME:

## INSTRUCTIONS FOR COMPLETION:

- Print clearly - using ink.
- Complete all items. If you don't know the answer to an item, indicate "unknown".
- The AD 67A form is divided into two separate parts. Section I consists of "identifying" information and will be kept confidential. None of this information will be given to your adopted child or his/her adoptive parents unless you have given us written permission to do so. Section II consists of "Nonidentifying" information about your background and health history. California Adoption Law requires that a copy of Section II be given to your child's adoptive parents prior to the final decree of adoption and upon written request of the adoptee when he/she reaches age 18.
- All information requested on this form is required for the completion of your child's adoption.

## SECTION I — IDENTIFYING INFORMATION ABOUT BIRTHFATHER

### A. NAME/ADDRESS:

BIRTHFATHER'S NAME (FIRST, MIDDLE, LAST)			OTHER NAMES KNOWN BY	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH (MO, DAY, YR)	BIRTHPLACE (CITY, STATE, COUNTRY)	
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			TELEPHONE NUMBER (AREA CODE) NUMBER	
PERMANENT MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) *			PERMANENT TELEPHONE NUMBER (AREA CODE) NUMBER	
RESTRICTIONS FOR USE OF PERMANENT MAILING ADDRESS, IF ANY				

### B. BIRTH FATHER'S PARENTS

NAME OF BIRTHFATHER'S MOTHER (FIRST, MIDDLE, LAST)			NAME OF BIRTHFATHER'S FATHER (FIRST, MIDDLE, LAST)		
ADDRESS	STREET,	CITY,	ADDRESS	STREET,	CITY,
STATE,	ZIP CODE		STATE,	ZIP CODE	
DOES YOUR MOTHER KNOW ABOUT THIS ADOPTION?			DOES YOUR FATHER KNOW ABOUT THIS ADOPTION?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF IN THE FUTURE WE NEED TO LOCATE YOU, MAY WE CONTACT YOUR MOTHER FOR ASSISTANCE?			IF IN THE FUTURE WE NEED TO LOCATE YOU, MAY WE CONTACT YOUR FATHER FOR ASSISTANCE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		

### C. PATERNITY OF MINOR:

Have you and the child's birthmother ever been married? ..... ☐ Yes ☐ No  
 If Yes, date and place of marriage: \_\_\_\_\_  
 If divorced, date and place of divorce: \_\_\_\_\_

Have you and the child's birthmother ever attempted to marry? ..... ☐ Yes ☐ No  
 If Yes, explain. \_\_\_\_\_

Are you currently married to the birthmother? ..... ☐ Yes ☐ No

### D. OTHER CHILDREN:

Do you have other children in addition to the child being adopted? ..... ☐ Yes ☐ No  
 If Yes, complete the following item.

NAME OF CHILD	SEX		CHECK (✓) IF BLOOD RELATED TO ADOPTEE		CHILD'S DATE OF BIRTH	WHO IS TAKING CARE OF THIS CHILD? (Specify caretaker's relation to child)
	M	F	FULL	HALF		
1.						
2.						
3.						
4.						

\* NOTE: It is important that you notify the State Department of Social Services of any changes in your permanent mailing address.

E. NATIVE AMERICAN ANCESTRY:

Are you, either of your parents or any other relatives an American Indian? .....  
Yes ☐ No ☐

If Yes, indicate the tribe's name and location and degree of Indian blood, (if known).

F. PSYCHOLOGICAL COUNSELING:

Have you ever gone to a psychologist, psychiatrist, social worker or other counselor for any emotional or psychological problems you may have had? .....  
Yes ☐ No ☐

If Yes, complete the following items.

DATE(S) AND REASONS FOR CARE:

NAME OF THERAPIST AND/OR AGENCY THAT PROVIDED CARE:

LOCATION:

INDICATE MEDICATIONS PRESCRIBED DURING YOUR CARE:

REASON FOR DISCONTINUANCE IF NO LONGER UNDER TREATMENT:

G. ADOPTION QUESTIONS:

1. Do you have your own attorney (lawyer) during this adoption? .....  
Yes ☐ No ☐
2. Is your attorney also the attorney for the adopting parents? .....  
Yes ☐ No ☐ Unknown ☐
3. Who paid the expenses for this pregnancy, prenatal care, delivery and other expenses? .....
4. How much did they pay? (Please indicate if unknown) .....
5. California Adoption Law states that birthparents who place a child for adoption are entitled to obtain all of the following information about the prospective adoptive parents: their full legal name; age; religion; race or ethnicity; employment; whether other persons live in their home; any health conditions that may shorten their life expectancy, or curtail their normal daily activities; and their general area of residence, or if requested, their address.  
6. Do you have at least this information about the adopting parents? .....  
Yes ☐ No ☐
7. What additional information do you want or need about the adopting parents? .....

8. Have you met the adopting parents? .....  
Yes ☐ No ☐

9. If Yes, how well acquainted are you with them? .....

SIGNATURE OF BIRTH FATHER

DATE FORM COMPLETED

The above information was provided by: (Check applicable box)  
☐ Birthmother ☐ Birthfather ☐ Other (explain) .....



CHILD'S NAME:	CASE NUMBER:
CASE WORKER'S NAME:	AGENCY'S NAME:

**SECTION II — NON IDENTIFYING INFORMATION ABOUT BIRTHFATHER**  
 This information will be given to the adopting parents and will be available to your child. Please answer all questions as completely as possible.

**PART I — CHARACTERISTICS OF BIRTHFATHER AT TIME OF ADOPTEE'S BIRTH**

**A. GENERAL INFORMATION AND PHYSICAL DESCRIPTION:**

AGE	HEIGHT	USUAL WEIGHT	EYE COLOR	SKIN COLOR	NATURAL HAIR COLOR	NATURAL HAIR TEXTURE (CHECK ALL THAT APPLY)
						<input type="checkbox"/> FINE <input type="checkbox"/> MEDIUM <input type="checkbox"/> COARSE <input type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY <input type="checkbox"/> CURLY <input type="checkbox"/> BALDING
BLOOD TYPE	RH FACTOR	BODY TYPE			ARE YOU RIGHT HANDED? <input type="checkbox"/>	
		<input type="checkbox"/> SMALL BONED <input type="checkbox"/> MEDIUM BONED <input type="checkbox"/> LARGE BONED			LEFT HANDED? <input type="checkbox"/>	

Race/Ethnic Group

☐ White    ☐ Hispanic    ☐ Filipino    ☐ Black    ☐ Asian or Pacific Islander    ☐ American Indian or Alaskan Native    ☐ Other

If American Indian or Alaskan Native, please specify name of tribe and degree of Indian blood (if known) \_\_\_\_\_

SPECIFIC NATIONALITY DESCENT (EXAMPLE: IRISH, FRENCH, GERMAN, CANTONESE, MEXICAN, NIGERIAN)

DESCRIBE ANY DISTINGUISHABLE PHYSICAL FEATURES (I.E., BIRTHMARKS, ETC.)

**B. EDUCATION:**

LAST GRADE COMPLETED	PRESENTLY IN SCHOOL?	USUAL GRADES IN SCHOOL	OTHER TRAINING
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

EXTRA CURRICULAR ACTIVITIES

SUBJECTS INTERESTED IN

**C. OCCUPATION:**

PRESENT OCCUPATION	HOW LONG?	USUAL OCCUPATION?

WHAT ARE YOUR OCCUPATIONAL GOALS? (EXAMPLE. TO BE A TEACHER, WELDER, SALES CLERK)

**D. PERSONALITY:**

DESCRIBE TALENTS, HOBBIES AND GOALS IN LIFE.

E. ADOPTION QUESTIONS:

1. WHAT IS YOUR RELIGION?

2. ARE YOU WILLING TO HAVE YOUR CHILD REARED IN THE RELIGIOUS FAITH OF THE ADOPTING PARENTS, IF DIFFERENT FROM YOUR OWN?

3. YES ☐ NO ☐ IF NO, WHAT RELIGIOUS FAITH DO YOU WISH YOUR CHILD TO BE RAISED?

4. WHY DID YOU PLACE THE CHILD FOR ADOPTION? (PLEASE RESPOND AS THOROUGHLY AS YOU CAN. THIS IS THE QUESTION ADULT ADOPTEEs MOST OFTEN ASK ADOPTION AGENCIES.)

5. IF YOUR CHILD WAS NOT PLACED FOR ADOPTION AT BIRTH, GIVE INFORMATION ON THE CHILD'S CARE, HEALTH AND DEVELOPMENT BEFORE PLACEMENT.

6. HOW DO YOU FEEL ABOUT BEING CONTACTED BY THE ADOPTEE WHEN HE OR SHE REACHES ADULTHOOD?

**F. PERSONAL HEALTH HISTORY:**

DESCRIBE YOUR GENERAL HEALTH

WHAT CHILDHOOD DISEASES HAVE YOU HAD?

MEASLES: RUBELLA (3 DAY) ☐MUMPS ☐ROSEOLA ☐ENCEPHALITIS ☐EAR INFECTIONS ☐RHEUMATIC FEVER ☐RUBEOLA (2 WEEKS) ☐CHICKENPOX ☐ASTHMA ☐MENINGITIS ☐SCARLET FEVER ☐OTHER (specify) ☐WHOOPIING COUGH ☐HAY FEVER ☐

ANY MAJOR SURGERY?

☐ YES ☐ NO IF YES, FOR WHAT CONDITIONS and when?

ARE YOU A

☐ TWIN ☐ TRIPLET ☐ OTHER MULTIPLE BIRTH

ARE YOU AN

☐ IDENTICAL OR ☐ FRATERNAL TWIN

DID YOU USE ALCOHOL, TOBACCO OR OTHER DRUG SUBSTANCES PRIOR TO THE CHILD'S CONCEPTION?

☐ YES ☐ NO IF YES, LIST THE TYPE OF SUBSTANCE, HOW LONG IT WAS USED AND HOW FREQUENTLY.**G. FAMILY HISTORY:**

WERE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY ADOPTED?

☐ YES ☐ NO IF YES, PLEASE TELL WHO

	YOUR BIOLOGICAL FATHER		YOUR BIOLOGICAL MOTHER	
Current age .....				
If deceased, age at death .....				
Cause of death .....				
Height & Weight .....	HEIGHT	WEIGHT	HEIGHT	WEIGHT
Hair color and texture .....				
Eye color .....				
Skin color .....				
Left or right handed .....				
Outstanding features .....				
Education completed .....				
Occupation .....				
Race/Ethnicity .....	<input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHER <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE		<input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHER <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	
Nationality .....				
Religion .....				
Was this parent aware of the pregnancy? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
How many brothers or sisters did she/he have? .....				
If any of your aunts or uncles have died, give age at death and cause of death .....				
	YOUR FATHER'S PARENTS		YOUR MOTHER'S PARENTS	
	FATHER MOTHER		FATHER MOTHER	
Age .....				
If deceased, age at death and cause of death .....				
Describe physical appearance				
Height & Weight .....	HEIGHT	WEIGHT	HEIGHT	WEIGHT
Outstanding features .....				
Education completed .....				
Current or former occupation				
Was he/she aware of the pregnancy? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

G. FAMILY HISTORY: (CONTINUED)

YOUR BROTHERS AND SISTERS

(If you have more than 4 siblings, please use additional paper)

1	2	3	4
Sex (Male or Female) .....			
Age .....			
If deceased, age at death and cause .....			
Full or half sibling to you? .....	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF
Height & Weight .....	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT
Hair color and texture .....			
Eye color .....			
Skin color .....			
Hobbies and talents .....			
Last grade completed .....			
Presently in school? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupation .....			
Aware of Pregnancy? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Marital status .....			
Number of children they have .....			
Health of their children .....			

YOUR OTHER CHILDREN

(If you have more than 4 children, please use additional paper)

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Indicate if son or daughter .....			
Birthdate or age .....			
Is this child a full or half sibling to the adoptee? .....	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF
If deceased, age at death .....			
Cause of death .....			
Height & Weight .....	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT
Hair color and texture .....			
Eye color .....			
Skin color .....			
Left or right handed .....			
Grade in school .....			
Does this child live with you? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hobbies and talents .....			
General health .....			
Major surgery .....			
Health problems .....			
Was this child aware of the pregnancy? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

## H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES

Indicate by checking appropriate box if YOU or any RELATIVES (i.e., your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections. When more than one condition is indicated within a Condition Section, circle the appropriate condition to identify the other condition.

MEDICAL CONDITION	NO	Not Known	YES Self	YES - RELATIVE (Specify relationship)	COMMENTS
<b>A. CONGENITAL IMPAIRMENTS</b>					
1. Club foot or any orthopedic problem (i.e., flat footed, etc.)					
2. Harelip (cleft lip) or cleft palate					
3. Downs Syndrome					
4. Other Chromosome abnormality					
5. Hydrocephalus					
6. Muscular dystrophy					Parts of body involved? Age at onset?
7. Dwarfism					
8. Spina bifida					
9. Congenital heart defect					
10. Tay-Sachs disease					
<b>B. ALLERGIES</b>					
1. Eczema or other skin condition					Any cause known? What treatment? What medication?
2. Hay fever or other allergy					
3. Drug allergy					
					To what drugs?
<b>C. EYE, DENTAL, EAR, AND DEVELOPMENTAL DISORDERS</b>					
1. Blindness, glaucoma, color blindness or other visual problems					At what age were prescription lenses necessary?
2. Corrective glasses or contact lenses					
<input type="checkbox"/> Nearsighted					
<input type="checkbox"/> Farsighted					
<input type="checkbox"/> Astigmatism (inability to focus)					
<input type="checkbox"/> Strabismus (crossed eye) <input type="checkbox"/> Other (explain)					
3. Braces on teeth or other orthodontia work					If so, what orthodontic work and for how long?

Special education? If "Yes", indicate age at onset.

4. Deafness or other ear problems

5. Speech problems

6. Learning disability

7. Retardation: mental or physical

D. CIRCULATORY DISORDERS

1. Hemophilia

2. Sickle cell anemia or trait

3. Hypertension (high blood pressure)

4. Stroke

5. Heart attack (coronary)

6. Arthritis

7. Kidney disease

E. HORMONAL DISORDERS

1. Diabetes

2. Thyroid disorder

3. Obesity (overweight)

F. RESPIRATORY DISORDERS

1. Asthma

2. Tuberculosis

G. MENTAL AND BEHAVIORAL DISORDERS

1. Diagnosed schizophrenia

2. Diagnosed manic depressive

3. Other mental illness. Describe, using additional page, if necessary

4. Alcoholism or heavy drinking

5. Drug usage

Kind, amount, and when taken?

Age at onset? What treatment? Hospitalization?

What kind? Age at onset? What part of body?

Any cause known? What treatment?

Age at onset? What treatment?

Age at onset? What treatment?

What kind? Age at onset? What part of body?

Age at onset? What treatment? Hospitalization?

Any diagnosis? Hospitalization?

# H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES - RELATIVE (Specify relationship)	COMMENTS
H. LYMPHATIC DISORDERS					What kind? Age at onset? What part of body?
1. Cancer					
2. Tumors					
3. Cystic fibrosis					
4. Hodgkins disease					
I. NERVOUS SYSTEM DISORDERS					Parts of body involved? Age at onset?
1. Multiple sclerosis					
2. Huntington's disease					
3. Cerebral palsy					
4. Seizures or convulsions					Age at onset? What treatment? Frequency?
5. Epilepsy					
J. INFECTION, HOSPITALIZATION					Diagnosis?
1. Repeated attacks of fever with known infection					
2. Repeated severe infection necessitating hospitalization					
3. Hospitalization, operation, or injury					What for? When?
K. OTHER IMPAIRMENT, ALLERGY DISORDER OR DISEASE					

# INFORMATION ABOUT THE BIRTH MOTHER

CHILD'S NAME:	CASE NUMBER:
CASE WORKER'S NAME:	AGENCY'S NAME:

## INSTRUCTIONS FOR COMPLETION:

- Print clearly - using ink.
- Complete all items. If you don't know the answer to an item, indicate "unknown".
- The AD 67 form is divided into two separate parts. Section I consists of "identifying" information and will be kept confidential. None of this information will be given to your adopted child or his/her adoptive parents unless you have given us written permission to do so. Section II consists of "Nonidentifying" information about your background and health history. California Adoption Law requires that a copy of Section II be given to your child's adoptive parents prior to the final decree of adoption and upon written request of the adoptee when he/she reaches age 18.
- All information requested on this form is required for the completion of your child's adoption.

## SECTION I — IDENTIFYING INFORMATION ABOUT BIRTH MOTHER

### A. NAME/ADDRESS:

BIRTHMOTHER'S NAME (FIRST, MIDDLE, LAST)		MAIDEN NAME		OTHER NAMES KNOWN BY	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH (MO, DAY, YR)	BIRTHPLACE (CITY, STATE, COUNTRY)		
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)					TELEPHONE NUMBER (AREA CODE) NUMBER
PERMANENT MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)*					PERMANENT TELEPHONE NUMBER (AREA CODE) NUMBER
RESTRICTIONS FOR USE OF PERMANENT MAILING ADDRESS, IF ANY					

### B. BIRTH MOTHER'S PARENTS - (The parents who raised you)

NAME OF BIRTHMOTHER'S MOTHER (FIRST, MIDDLE, LAST)		NAME OF BIRTHMOTHER'S FATHER (FIRST, MIDDLE, LAST)	
ADDRESS	STREET	CITY	STATE, ZIP CODE
ADDRESS	STREET	CITY	STATE, ZIP CODE
DOES YOUR MOTHER KNOW OF THIS ADOPTION?		DOES YOUR FATHER KNOW OF THIS ADOPTION?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF IN THE FUTURE WE NEED TO LOCATE YOU, MAY WE CONTACT YOUR MOTHER FOR ASSISTANCE?		IF IN THE FUTURE WE NEED TO LOCATE YOU, MAY WE CONTACT YOUR FATHER FOR ASSISTANCE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

### C. PATERNITY OF MINOR:

NAME OF CHILD'S BIRTHFATHER (FIRST, MIDDLE, LAST)	PERMANENT TELEPHONE NUMBER (AREA CODE) NUMBER
LAST KNOWN ADDRESS (STREET, CITY, STATE, COUNTRY IF OUTSIDE U.S.A.)	

### D. MARITAL HISTORY:

1. Are you now married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your husband's name? _____ (FIRST, MIDDLE, LAST)	
PRESENT MARRIAGE LICENSE SECURED IN (CITY, COUNTY, STATE)	
PLACE OF MARRIAGE (CITY, COUNTY, STATE)	DATE OF MARRIAGE (MO., DAY, YR.)

\* NOTE: It is important that you notify the State Department of Social Services of any changes in your permanent mailing address.



2. Have you had any other marriages? Yes ☐ No ☐ If yes, then answer the following item:

NAME OF FORMER SPOUSE	WHERE MARRIAGE LICENSE ISSUED	DATE & PLACE OF MARRIAGE	DATE & PLACE OF DIVORCE	IF SPOUSE IS DECEASED, INDICATE DATE & PLACE OF DEATH	NO. OF CHILDREN BORN OF THE MARRIAGE
1.					
2.					
3.					

E. OTHER CHILDREN: Do you have other children in addition to the child being adopted? Yes ☐ No ☐ If yes, complete the following item.

NAME OF CHILD	SEX	CHECK (1) IF BLOOD RELATED TO ADOPTEE	CHILD'S DATE OF BIRTH	WHO IS TAKING CARE OF THIS CHILD? (Specify caretaker's relation to child)
1.				
2.				
3.				
4.				

F. NATIVE AMERICAN ANCESTRY:

Are you, either of your parents or any other relatives an American Indian? Yes ☐ No ☐ If yes, indicate the tribe's name, location and degree of Indian blood, if known.

G. PSYCHOLOGICAL COUNSELING: Have you ever gone to a psychologist, psychiatrist, social worker or other counselor for any emotional or psychological problems you may have had? Yes ☐ No ☐ If yes, complete the following items.

DATE(S) AND REASONS FOR CARE: NAME OF THERAPIST AND/OR AGENCY THAT PROVIDED CARE: LOCATION: LOCATE MEDICATIONS PRESCRIBED DURING YOUR CARE: REASON FOR DISCONTINUANCE IF NO LONGER UNDER TREATMENT:

H. ADOPTION QUESTIONS:

Do you have your own attorney (lawyer) for this adoption? Yes ☐ No ☐ Is your attorney also the attorney for the adopting parents? Yes ☐ No ☐ Who paid the expenses for this pregnancy, prenatal care, delivery and other expenses? Yes ☐ No ☐ How much did they pay? (If unknown, please indicate this).

California Adoption Law states that birthparents who place a child for adoption are entitled to obtain all of the following information about the prospective adoptive parents: their full legal names; age; religion; race or ethnicity; employment; whether other persons live in their home; any health conditions that may shorten their life expectancy, or curtail their normal daily activities; and their general area of residence, or if requested, their address. Do you have at least this information about the adopting parents? Yes ☐ No ☐ What additional information do you want or need about the adopting parents? Have you met the adopting parents? Yes ☐ No ☐ If yes, how well acquainted are you with them?

SIGNATURE OF BIRTH MOTHER: DATE FORM COMPLETED: The above information was provided by: (Check applicable box) Birthmother ☐ Birthfather ☐ Other (explain) ☐

CHILD'S NAME:	CASE NUMBER:
CASE WORKER'S NAME:	AGENCY'S NAME:

**SECTION II — NON IDENTIFYING INFORMATION ABOUT BIRTH MOTHER**

This information will be given to the adopting parents and will be available to your child. Please answer all questions as completely as possible.

**PART I — CHARACTERISTICS OF BIRTHMOTHER AT TIME OF ADOPTEE'S BIRTH**

**A. GENERAL INFORMATION AND PHYSICAL DESCRIPTION:**

AGE	HEIGHT	USUAL WEIGHT	EYE COLOR	SKIN COLOR	NATURAL HAIR COLOR	NATURAL HAIR TEXTURE (CHECK ALL THAT APPLY) <input type="checkbox"/> FINE <input type="checkbox"/> MEDIUM <input type="checkbox"/> COARSE <input type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY <input type="checkbox"/> CURLY <input type="checkbox"/> BALDING
BLOOD TYPE	RH FACTOR	BODY TYPE <input type="checkbox"/> SMALL BONED <input type="checkbox"/> MEDIUM BONED <input type="checkbox"/> LARGE BONED			ARE YOU RIGHT HANDED? <input type="checkbox"/> LEFT HANDED? <input type="checkbox"/>	

Race/Ethnic Group

☐ White  
 ☐ Hispanic  
 ☐ Filipino  
 ☐ Black  
 ☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native  
 ☐ Other (Specify) \_\_\_\_\_

If American Indian or Alaskan Native, please specify name of tribe and degree of Indian blood (if known)

SPECIFIC NATIONALITY DESCENT (EXAMPLE: IRISH, FRENCH, GERMAN, CANTONESE, MEXICAN, NIGERIAN, ETC.)

DESCRIBE ANY DISTINGUISHABLE PHYSICAL FEATURES (I.E., BIRTHMARKS, ETC.)

**B. EDUCATION:**

LAST GRADE COMPLETED	PRESENTLY IN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	USUAL GRADES IN SCHOOL	OTHER TRAINING
----------------------	--	------------------------	----------------

EXTRA CURRICULAR ACTIVITIES

SUBJECTS INTERESTED IN

**C. OCCUPATION:**

PRESENT OCCUPATION	HOW LONG?	USUAL OCCUPATION
--------------------	-----------	------------------

WHAT ARE YOUR OCCUPATIONAL GOALS? (EXAMPLE: TO BE A TEACHER, WELDER, SALES CLERK)

**D. PERSONALITY:**

DESCRIBE YOUR PERSONALITY IN TERMS OF YOUR USUAL BEHAVIOR, ATTITUDES, MOODS, ACTIVITIES YOU USUALLY PARTICIPATE IN, TYPES OF PEOPLE YOU ENJOY BEING WITH, ETC.

DESCRIBE TALENTS, HOBBIES AND GOALS IN LIFE.

HOW DO YOU FEEL ABOUT BEING CONTACTED BY THE ADOPTEE WHEN HE OR SHE REACHES ADULTHOOD?

IF YOUR CHILD WAS NOT PLACED FOR ADOPTION AT BIRTH, GIVE INFORMATION ON THE CHILD'S CARE, HEALTH AND DEVELOPMENT BEFORE PLACEMENT.

WHY DID YOU PLACE THIS CHILD FOR ADOPTION? (PLEASE RESPOND AS THOROUGHLY AS YOU CAN. THIS IS THE QUESTION ADULT ADOPTERS MOST OFTEN ASK ADOPTION AGENCIES.)

IF NO, WHAT RELIGIOUS FAITH DO YOU WISH YOUR CHILD TO BE RAISED? ☐ YES ☐ NO

ARE YOU WILLING TO HAVE YOUR CHILD REARED IN THE RELIGIOUS FAITH OF THE ADOPTING PARENTS, IF DIFFERENT FROM YOUR OWN?

WHAT IS YOUR RELIGION?

# BIRTH MOTHER'S MENSTRUAL HISTORY AND PREGNANCY HISTORY OF CHILD:

1. MENSTRUAL HISTORY	HOW OLD WERE YOU WHEN YOU BEGAN TO MENSTRUATE?	WHAT IS THE USUAL LENGTH OF YOUR PERIOD?	ARE YOU REGULAR?	NO. OF DAYS IN CYCLE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY PROBLEMS WITH YOUR PERIODS?			WERE YOU A "DES BABY"?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

2. THIS PREGNANCY:	NAME AND ADDRESS OF OBSTETRICIAN WHO PROVIDED YOU WITH PRENATAL CARE				
	NAME OF OBSTETRICIAN	ADDRESS	STREET	CITY	STATE ZIP CODE
WHEN DID PRENATAL CARE BEGIN?	WHAT WAS YOUR AGE WHEN YOU BECAME PREGNANT?	NUMBER OF WEEKS OF THIS PREGNANCY?	TYPE OF BIRTH		
			<input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> IF MULTIPLE, HOW MANY?		
COMPLICATIONS DURING THIS PREGNANCY?			HAVE YOU GIVEN BIRTH TO ANY OTHER CHILDREN?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, HOW MANY?		

3. CONDITIONS DURING THIS PREGNANCY	GERMAN MEASLES.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	SEXUALLY TRANSMITTED DISEASES	VIRUS (e.g., flu).....	<input type="checkbox"/> YES <input type="checkbox"/> NO
	INFECTIONS.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HERPES <input type="checkbox"/> GONORRHEA <input type="checkbox"/> SYPHILIS	ACCIDENTS.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> GENITAL WARTS		

IF YES TO ANY OF THE ABOVE, SPECIFY TYPE OF CONDITION(S), DATE(S) AND TYPE OF TREATMENT

## 4. DRUGS TAKEN DURING, AND WITHIN ONE YEAR PRIOR TO, THIS PREGNANCY:

a. Prescription Drugs: (Give name(s))	TAKEN DURING THIS PREGNANCY (Check <input checked="" type="checkbox"/> under appropriate column)		TAKEN WITHIN ONE YEAR PRIOR TO PREGNANCY		WHEN?	HOW OFTEN?	AMOUNT?
	YES	NO	YES	NO			
1.							
2.							
3.							
4.							
b. Nonprescription Drugs, including aspirin, nosedrops, etc.:							
1.							
2.							
3.							
4.							
c. Alcohol and other substances:							
1. Alcohol (wine, beer, etc.).....							
2. Amphetamines (uppers).....							
3. Barbiturates (downers).....							
4. Tobacco.....							
5. Cocaine.....							
6. Crack.....							
7. Heroin.....							
8. LSD.....							
9. PCP.....							
10. Marijuana.....							
11. Other (specify).....							

Have you ever been an IV drug user? ☐ YES ☐ NO

# G. PERSONAL HEALTH HISTORY:

DESCRIBE YOUR GENERAL HEALTH

WHAT CHILDHOOD DISEASES HAVE YOU HAD?

MEASLES: ☐ RUBELLA (3 DAY) ☐ MUMPS ☐ WHOOPING COUGH ☐ ASTHMA ☐ CHICKEN POX ☐ RUBELLA (2 WEEK) ☐ ROSEOLA ☐ MENINGITIS ☐ SCARLET FEVER ☐ EARS INFECTIONS ☐ HEART MURMUR ☐ RHEUMATIC FEVER ☐ URINARY/BLADDER INFECTIONS ☐ OTHER (Specify)

ANY MAJOR SURGERY?

☐ YES ☐ NO IF YES, FOR WHAT CONDITIONS and when?

ARE YOU A

☐ TWIN ☐ TRIPLET ☐ OTHER MULTIPLE BIRTH

☐ IDENTICAL OR ☐ FRATERNAL TWIN

## H. FAMILY HISTORY:

WERE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY ADOPTED?

☐ YES ☐ NO IF YES, PLEASE TELL WHO

### YOUR BIOLOGICAL FATHER

### YOUR BIOLOGICAL MOTHER

Current age .....

If deceased, age at death.....

Cause of death .....

HEIGHT

WEIGHT

HEIGHT

WEIGHT

Hair color and texture .....

Eye color .....

Skin color .....

Left or right handed .....

Outstanding features .....

Education completed .....

Occupation .....

Race/Ethnic Group .....

☐ WHITE ☐ HISPANIC ☐ BLACK ☐ FILIPINO ☐ AMERICAN NATIVE OR ALASKAN NATIVE ☐ ASIAN OR PACIFIC ISLANDER ☐ OTHER (Specify)

☐ WHITE ☐ HISPANIC ☐ BLACK ☐ FILIPINO ☐ AMERICAN NATIVE OR ALASKAN NATIVE ☐ ASIAN OR PACIFIC ISLANDER ☐ OTHER (Specify)

Nationality .....

Religion .....

Was this parent aware of your pregnancy? .....

☐ YES ☐ NO

☐ YES ☐ NO

How many brothers or sisters did she/he have? .....

If any of your aunts or uncles have died, give age at death and cause of death .....

### YOUR FATHER'S PARENTS

### YOUR MOTHER'S PARENTS

#### FATHER

#### MOTHER

#### FATHER

#### MOTHER

Age .....

If deceased, age at death and cause of death .....

Describe physical appearance .....

HEIGHT

WEIGHT

HEIGHT

WEIGHT

HEIGHT

WEIGHT

HEIGHT

WEIGHT

Height & Weight .....

Outstanding features .....

Education completed .....

Current or former occupation .....

Was he/she aware of your pregnancy? .....

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

# G. FAMILY HISTORY: (CONTINUED)

## YOUR BROTHERS AND SISTERS

(If you have more than 4 siblings, please use additional paper)

	1	2	3	4
Sex (Male or Female) .....				
Age .....				
If deceased, age at death and cause .....				
Full or half sibling to you? .....	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF
Height & Weight .....	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT
Hair color and texture .....				
Eye color .....				
Skin color .....				
Hobbies and talents .....				
Last grade completed .....				
Presently in school? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupation .....				
Aware of Pregnancy? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Marital status .....				
Number of children they have .....				
Health of their children .....				

## YOUR OTHER CHILDREN

(If you have more than 4 children, please use additional paper)

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
Indicate if son or daughter .....				
Birthdate or age .....				
Is this child a full or half sibling to the adoptee? .....	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF
If deceased, age at death .....				
Cause of death .....				
Height & Weight .....	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT
Hair color and texture .....				
Eye color .....				
Skin color .....				
Left or right handed .....				
Grade in school .....				
Does this child live with you? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hobbies and talents .....				
General health .....				
Major surgery .....				
Health problems .....				
Was this child aware of your pregnancy? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

# I. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES

Indicate by checking appropriate box if YOU or ANY RELATIVES (i.e. Your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections.

MEDICAL CONDITION		NO	Not Known	YES	YES-RELATIVE (Specify relationship)	COMMENTS
A. CONGENITAL IMPAIRMENTS						
1. Club foot or any orthopedic problem (i.e., flat footed, etc.)						Parts of body involved? Age at onset?
2. Harelip (cleft lip) or cleft palate						
3. Down's Syndrome						
4. Other chromosome abnormality						
5. Hydrocephalus						
6. Muscular dystrophy						
7. Dwarfism						
8. Spina bifida						
9. Congenital heart defect						
10. Sickle Cell Anemia						
11. Tay-Sachs disease						
3. ALLERGIES						
1. Eczema or other skin condition						To what allergies? What treatment or medication?
2. Hay fever or other allergy						
3. Drug allergy						
4. Food allergy						To what foods?
C. EYE, DENTAL, EAR, AND DEVELOPMENTAL DISORDERS						
1. Blindness, glaucoma, color blindness or other visual problems						At what age were prescription lenses necessary?
2. Corrective glasses or contact lenses						
Farsighted	<input type="checkbox"/>					
Nearsighted	<input type="checkbox"/>					
Astigmatism (inability to focus)	<input type="checkbox"/>					
Strabismus (cross-eye)	<input type="checkbox"/>					
Other (explain)	<input type="checkbox"/>					If so, what orthodontic work and for how long?
3. Braces on teeth or other orthodontia work						

# 1. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (CONTINUED)

MEDICAL CONDITION	NO	Not Known	YES Self	YES-RELATIVE (Specify relationship)	COMMENTS
4. Deafness or other ear problems					Special education? If "Yes", indicate age at onset.
5. Speech problems					
6. Learning disability					Any diagnosis? Hospitalization?
7. Retardation: mental or physical					
D. CIRCULATORY DISORDERS					
1. Hemophilia					
2. Sickle cell anemia or trait					
3. Hypertension (high blood pressure)					Age at onset? What treatment? Hospitalization?
4. Stroke					
5. Heart attack (coronary)					
6. Arthritis					What kind? Age at onset? What part of body?
7. Kidney disease					Age at onset? What treatment?
E. HORMONAL DISORDERS					Age at onset? What treatment?
1. Diabetes					
2. Thyroid disorder					
3. Obesity (overweight)					
F. RESPIRATORY DISORDERS					Any (known) cause? What treatment?
1. Asthma					
2. Emphysema					What kind? Age at onset? What part of body?
3. Tuberculosis					
G. MENTAL AND BEHAVIORAL DISORDERS					Age at onset? What treatment? Hospitalization?
1. Diagnosed schizophrenia					
2. Diagnosed manic depressive					
3. Other mental illness. Describe, using additional page, if necessary					
4. Alcoholism or heavy drinking					
5. Drug usage					Kind, amount, and when taken?



MEDICAL CONDITION		NO	Not Known	YES	YES-RELATIVE (Specify relationship)	COMMENTS	
H. LYMPHATIC DISORDERS						What kind? Age at onset? What part of body?	
1. Cancer							
2. Tumors							
3. Cystic fibrosis							
4. Hodgkins disease							
I. NERVOUS SYSTEM DISORDERS							Parts of body involved? Age at onset?
1. Multiple sclerosis							
2. Huntington's disease							
3. Cerebral palsy							
4. Seizures or convulsions						Age at onset? What treatment? Frequency?	
5. Epilepsy							
J. INFECTION, HOSPITALIZATION						Diagnosis?	
1. Repeated attacks of fever with known infection							
2. Repeated severe infection necessitating hospitalization							
3. Hospitalization, operation, or injury							
K. OTHER MEDICAL OR HEALTH PROBLEMS						What for? When?	

## DECLARATION OF MOTHER

(To be completed by all mothers not married to the father except when a relinquishment or consent has been obtained from the father.)

I, \_\_\_\_\_, make the following statement in connection with the adoption plans for my child. I am \_\_\_\_\_ years old.

1. The child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(day, month, year) (city, state)

If not born, expected birth date: \_\_\_\_\_  
(day, month, year)

2. The natural father of the child is: \_\_\_\_\_  
(name) (include any aliases)

He lives at: \_\_\_\_\_  
(street address, city, state)

(If present address unknown, give any known past addresses.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

He works for: \_\_\_\_\_  
(employer's name and address)

as a \_\_\_\_\_  
(position, or type of work)

Give the names and addresses of any past employers, if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does he presently go to school? Yes ☐ No ☐ Don't Know ☐

If Yes, \_\_\_\_\_  
(name of school, city, state)

4. Is he presently in the armed forces? Yes ☐ No ☐ Don't Know ☐

If yes, what branch is he in and where stationed? \_\_\_\_\_  
\_\_\_\_\_

5. Do you know where or when the natural father was born? Yes ☐ No ☐ Don't Know ☐

If yes, date: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(day, month, year, or age) (city, state)

6. Where did you meet the natural father? \_\_\_\_\_  
(street address, city, state)

When did you meet him? \_\_\_\_\_ How did you meet him? \_\_\_\_\_  
(day, month, year)

7. Do you know any of his friends or relatives?

☐ Yes ☐ No

If yes, give their names and addresses:

8. Were you married to someone other than the natural father when you became pregnant? ☐ Yes ☐ No

If yes, give husband's name and address:

Were you married to someone other than the natural father when the child was born? ☐ Yes ☐ No

If yes, give husband's name and address:

If you were married to someone other than the natural father, did your marriage end because of:  
☐ Divorce ☐ Death ☐ Annulment

Give date of the above:

(day, month, year)

9. Did you and the natural father get married or try to get married? ☐ Yes ☐ No

If yes, give place and date:

10. Did you and the natural father ever live together? ☐ Yes ☐ No

If yes, where and when?

(street address, city, state)

From

(day, month, year)

to

(day, month, year)

When you lived together, were there any other persons who lived with you? ☐ Yes ☐ No

If yes, give their names and present addresses:

11. Did (or does) the natural father know you were pregnant with his child? ☐ Yes ☐ No ☐ Don't Know

Did you tell him he is the child's father? ☐ Yes ☐ No

Has he ever given you any money or items to help with the pregnancy or child support expenses? ☐ Yes ☐ No

If yes, what did he give you (if money, state amounts), and when?

Have you ever refused to take his money or items to help with pregnancy or child support expenses? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has he promised you in writing to help support the child? Yes ☐ No ☐

If yes, where is the writing? \_\_\_\_\_  
\_\_\_\_\_

12. Is the natural father married to another woman? Yes ☐ No ☐ Don't Know ☐

If yes, when, where, and in what manner? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, has he offered to take the child into his home? Yes ☐ No ☐ Don't Know ☐

If yes, has he in fact taken the child into his home? Yes ☐ No ☐ Don't Know ☐

13. Has the natural father ever acknowledged that he is the father of the child? Yes ☐ No ☐ Don't Know ☐

If yes, when, where, and in what manner? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the natural father ever told anyone he is the father? Yes ☐ No ☐ Don't Know ☐

If yes, give names and addresses of persons he has told, and the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Was the natural father named as the father on the child's birth certificate? Yes ☐ No ☐

If yes, was this with his consent? Yes ☐ No ☐

15. Has the child ever lived with the natural father rather than with you? Yes ☐ No ☐

If yes, give dates: From: \_\_\_\_\_ to \_\_\_\_\_  
(day, month, year) (day, month, year)

16. Has the natural father ever written to, spoken to, or visited with the child? Yes ☐ No ☐ Don't Know ☐

If yes, what did he do, when, and how many times (state in numbers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever refused to let him write to, speak to, or visit with the child? Yes ☐ No ☐ Don't Know ☐

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

17. Has a court ordered the natural father to help support the child? Yes ☐ No ☐ Don't Know ☐

If yes, which court, when, and in what amounts: \_\_\_\_\_

18. Has any legal action been brought to determine custody or paternity of the child? Yes ☐ No ☐ Don't Know ☐

If yes, who brought the action, where, and when? \_\_\_\_\_

Is such action still pending? Yes ☐ No ☐ Don't Know ☐

If yes, where? \_\_\_\_\_

(name of court, city, state)

19. Have you discussed adoption of the child with the natural father? Yes ☐ No ☐

Do you think he would agree to an adoption if that is what you wished? Yes ☐ No ☐ Don't Know ☐

20. The identity of the natural father of the minor is unknown to me because \_\_\_\_\_

21. I am unable to identify the natural father of the minor because \_\_\_\_\_

I understand that this information is given in connection with adoption planning. I declare under penalty of perjury that the foregoing is true and correct.

Executed at \_\_\_\_\_

(city, state)

on \_\_\_\_\_

(date)

(Witnessed by) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Address) \_\_\_\_\_